

Incident Report IDAHO STATE POLICE

M12000142 Supplement No
0008



ORIGINAL

Reported Date
09/12/2012
Nature of Call
SEX OFFENC
Officer
KESSINGER, BRET

Administrative Information

Agency IDAHO STATE POLICE	Case No M12000142	Supplement No 0008	Reported Date 09/12/2012	Reported Time 00:01	Status INVESTIGATION
Nature of Call PORN, RAPE, FOND, INCEST, ST RAPE, SOD,			Report Title FARNWORTH INTVW		
Location IDAHO DEPARTMENT OF JUVENILE CORRECTIONS		County CANYON COUNTY	Region B3	From Date 08/21/2012	
From Time 08:54	Officer 2858/KESSINGER, BRET	Assignment DETECTIVE REG 3		Entered by 2858	
Assignment DETECTIVE REG 3	RMS Transfer Successful	Prop Trans Stat Successful	Property? Yes	Approving Officer 2717	
Approval Date 09/14/2012	Approval Time 09:55:44				

Summary Narrative

On September 11, 2012, Detectives Bret Kessinger and Tim Hopkins of the Idaho State Police interviewed Frank Farnworth, a Licensed Nurse Practitioner (LPN) who works evening shift on-site at the Idaho Department of Juvenile Corrections (IDJC) in Nampa, Canyon County, Idaho.

SUSPECT 1: OFCR SHARON HARRIGFELD

Involvement SUSPECT	Invl No 1	Type Individual	Name OFCR SHARON HARRIGFELD	Race	Sex
Ethnicity	Res Status RESIDENT	OFN_INVL 1	RMS Transfer Empty field		

WITNESS 1: FARNWORTH, FRANK

Involvement WITNESS	Invl No 1	Type Individual	Name FARNWORTH, FRANK	MNI 581886	Race	Sex
DOB	Age	Juvenile? No	RMS Transfer Empty field			

Property

Item 1	Involvement EVIDENCE (Non-Drug Items)	In Custody? Yes	Tag No 120002421	Item No 1	Value \$1.00	
Description EX 07 CD Audio Farnworth intvw				Typ A	Cat RECORDINGS	Exhibit No EX 07
UCR Type RECORDINGS - AUDIO, VISUAL			RMS Transfer Empty field			
Link OTH	Involvement WIT	Invl No 1	Name FARNWORTH, FRANK	Race	Sex	DOB

Narrative

1. On September 11, 2012, at approximately 1:58 p.m., Detective Tim Hopkins and I interviewed Frank Farnworth, a Licensed Practical Nurse (LPN) who works evening shift on-site at the Idaho Department of Juvenile Corrections (IDJC) in Nampa, Canyon County, Idaho.

2. In interview, Farnworth stated:

A. He has worked approximately eight and a half years at IDJC, is not Peace Officer Standards

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Narrative

and Training (POST)-certified, and has past experience working at Mercy Medical Center Emergency Room (ER). As an on-site LPN, he works generally the evening schedule and dispenses medicine on the medicine pass after dinner and before bedtime. He attempts to see each juvenile face to face during each medicine pass. In addition, he will be called to triage injuries to staff or juveniles and either treat the injured parties on-site or advise that the injured parties are transported to the ER. The juvenile's injuries are the results of physical education, fight or restraint.

B. The staff restrains a juvenile starting with using hands on controls which may escalate to the use of handcuffs. They may de-escalate a restraint to strap restraints which are soft restraints made of webbed belts and are much more comfortable than handcuffs. He has responded to codes as an observer.

C. He has seen fifty to sixty injuries from juvenile on juvenile attacks, mostly bruises, small lacerations, abrasions, hand bones dislocated or broken, a broken nose, and in one instance a juvenile had three teeth broken out. In the case of juvenile on juvenile attacks, the involved juveniles are restrained and removed from each other, he checks the injuries, treats the injuries if possible, and sends the injured to the hospital if necessary.

D. He thinks one in three actual batteries are reported to the police; juveniles and staff are not pressing charges. Since he works the evening shift, which encompasses the dinner and recreation hours, he estimates, due to treating victim and aggressor, he sees the results of approximately 50% of all assaults/batteries at the IDJC. In a year, on average, he has observed the results of seventy batteries, this includes juvenile on juvenile and juvenile on staff attacks. There have been times that he has pointed out to staff a juvenile's injuries and the safety and security officers have been forced to write incident reports once he pointed out the injury and the cause. Generally, it is up to the juvenile or staff victims to press charges. However, in his experience, generally the battery is not reported to police.

E. The juveniles employ diversionary tactics in gym and Sunday Church to distract staff to carry out attacks on other juveniles. Church usually starts at 7:00 a.m. and is supposed to end by 8:30 a.m. Due to attacks, church sometimes doesn't get started at all.

F. If the juvenile or staff injuries are beyond the IDJC equipment and his nursing capability to treat, he requests the injured be transported to the hospital. The staff appears to place high priority on medical needs codes. He has assisted in transports in the past, but since he is the only medically trained staff on that shift he usually does not. He will call an ambulance depending on the severity of the injury; usually head injuries or unconscious. Now, they will send juveniles to St. Luke's Treatment Center near the Costco store in Nampa. It is quicker than sending the injured to Meridian.

G. If a staffer is attacked, it is up to the staff member to press charges. He was unsure of what charges would be pressed on an attacking juvenile. If a staff member is injured in the attack, they usually go to Med Now. Med Now is the contract workman's compensation treatment center. He will render first aid to stop bleeding or ice swelling, but he will not treat them. About one in four incidents where staff must apply restraints to a juvenile, a staff member is injured: sprains, strains, or sometimes lacerations. During applications of juvenile restraints, Dave Hottell, an OA staffer, has injured his shoulder twice and knee twice from the hitting concrete

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floor.

H. Supervisors actively discourage injured staff from going to get treated at Med Now. Many times supervisors do not think the injury is severe enough to incur the workman's compensation expense. Supervisors must approve workman's compensation claims. However, he feels all injured staff should be treated because some of the IDJC juveniles have MRSA and Hepatitis C. Health Information Portability and Accountability (HIPAA) Act dictates that he cannot outline a juvenile's medical issue, but he will strongly encourage staff to use universal precautions to protect the staff as best as possible from pathogens and illness.

I. Around March or April of 2012, he was attacked by [REDACTED] while he was distributing medicine around IDJC.

J. He attended court regarding a battery on a juvenile named [REDACTED], who had three teeth broken when [REDACTED] was attacked by two juveniles. He recalled they were trying to charge the two juvenile attackers with some gang related charge. This took place about three to four years ago.

K. [REDACTED] a former juvenile student at IDJC, would fight with juveniles and staff. It would take seven or eight staff to subdue the juvenile due to [REDACTED] fitness level. [REDACTED] is now in prison and was at IDJC about a year and a half to two years ago. During one juvenile on staff attack, the juvenile attacker attempted to kick a staff member in the head. The juvenile was injured by a bolt on the staffer's chair that cut a three inch puncture wound in the juvenile's leg. After the juvenile was sent to the ER and treated, [REDACTED] was re-located to the detention center in Twin Falls. The juvenile had beat on that staffer twice before.

L. Sabrina Payne's incident occurred on the day shift and he only heard about it.

M. Juveniles have been charged with injury to staff members but the judge usually dismisses the charges rationalizing that the juveniles are already in prison and there is nothing more the courts can do to them.

N. Videos of incidents are only reviewed by safety security officers, supervisors, human resource officers.

O. He is currently under a ninety day review due to his overzealous arousal of an unconscious juvenile named [REDACTED]. [REDACTED] took another juvenile's medicine and was unconscious. [REDACTED] was slumped in a chair and not breathing. He applied a knee-to-knee, hands-under-armspit move to right [REDACTED] body. As a result, [REDACTED] tongue moved out of the airway and then [REDACTED] coughed and became conscious. There were five staff present and lodged a complaint against him saying he choked the juvenile while reviving. He was placed on two week leave for the investigation. The investigation concluded that it would be impossible to prove excessive force and no charges were brought against him. His supervisor, Janette Angel, has told him to get through the ninety day review and everything will return to normal.

P. He has never heard of nor been approached by a juvenile claiming sexual abuse or contact. He has only heard rumors of sexual contact between staff and juveniles, all centering around former safety and security supervisor Julie McCormick with [REDACTED] and [REDACTED]

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IDJC does not use him for medical observations regarding any sexual battery cases.

Q. [REDACTED] a convicted murderer and juvenile at IDJC, has been out on staff passes about four or five times with IDJC staff. He knows about this because he has observed [REDACTED] miss about that many medicine passes. Due to the high profile of [REDACTED] murder case, an email was put out to the staff to advise them to keep it quiet that [REDACTED] is housed at IDJC.

R. He clarified that the purpose of incident reports are to report not only on incidents of battery or violence, but any direction from staff that alters a juvenile's status or restricts them from the group at IDJC. He writes incident reports regarding medical restrictions on the juveniles, for example: confining them to bed rest or quarantine. He has called codes, incidents where juveniles become unruly or combative, but usually the safety and security officers write the incident reports. His primary concern is that staff usually will see a sports related injury, such as during physical education (PE), and not report it to him until after PE is finished. The staff is not medically trained to make that call on a juvenile's injury. Some of the juveniles are hypochondriacs, but he is able to identify them in short order.

S. Observation and Assessment goes into lockdown as early as 6:30 p.m., with the last level going into lockdown at 9:00 p.m. He will go for medical bed pass at about 7:00-7:15 p.m. Solutions has their lockdown at 9:00 p.m., so he goes there for medical bed pass by 8:00 p.m. Choices' lockdown is by about 9:20 p.m., and he gets there by 8:30 p.m. He tries to see all IDJC juveniles face to face each day during bed passes. Due to his daily medical observation of each of the juveniles, he has picked up on juvenile injuries.

T. Summer two years ago around 7:00 p.m., two juveniles escaped. They climbed on top of a new tool shed in the recreation area. The tool shed was close enough to the fence for them to jump up and grab a gutter edge and climb over the fence from the recreation area to the intake yard, get on top of a trash bin to the roof of the building. The juveniles jumped off the roof and escaped. The juveniles hid in the weeds around Sugarbeet Lake out by Pacific Press. The juveniles were caught, brought back to the IDJC, and had their injuries treated; both had lacerations to the palms of hands from the gutter. The IDJC contract physician assistant at the time, sutured the cut to one of the juvenile's palms. Now IDJC has a nurse practitioner to treat that type of injury.

U. About that same time two years ago, two juveniles escaped. They were putting trash in dumpsters outside, ran out of the gate before it closed, crossed highway, and got clear to Garrity Street in Nampa.

V. Some nights they are short staffed and he sometimes has responsibility over approximately one hundred juveniles with as few as eight staff. The administration will fill extra overflow areas of IDJC: three extra beds in OA, an extra bed in Solutions, an extra bed in Choices, and four beds in the Choices multipurpose room. These account for an additional nine beds bringing total to ninety three juveniles housed. In addition, juveniles awaiting transport in the visitation area, sometimes up to four or five, are not technically housed at IDJC, but still under his medical watch. When he first started at IDJC, they had sixty beds.

3. Interview was concluded at 2:49 p.m.